PTO/SB/01 (12-97)

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	Attorney Docket Number	RSFD9				
DECLARATION FOR UTILITY OR	First Named Inventor	DAWSON	M.			
DESIGN PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
,	Filing Date					
Declaration Submitted OR Submitted after initial	Group Art Unit					
with initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

					-		
	As a below named inventor, I hereby declare that:						
My residence, poet office address, and oltizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
DUMBBELL WITH QUICK RELEASE BOLT							
the specification of which	(Title	of the invention)					
is attached hereto							
OR was filed on (MM/D	omm	es United	States Applicati	ion Number or F	CT International		
	<u> </u>	as amended on (MM/DDYY	m		(f applicable).		
Application Number	wiswed and understand the	motents of the above identi	fied specification	, including the d	ialms, as		
emended by any amendme	IN SPECIFICAL INVITED IN THE	,, , ,					
i acknowledge the duty to o	disclose information which is	material to palentability as o	defined in 37 CF	R 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(s) of any PCT international application which designated at least one country other than the United States of certificate, issted below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a fliing date before that of the application on which priority is claimed.							
	·		Priority		py Attached?		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MIWDDYYYY)	Not Claimed	YES	NO		
(Manuel s)			П				
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	-tion numbers are listed on t	emplemental priority data	sheet PTO/SB/	72B attached he	reto:		
Additional foreign applic	ation numbers are listed on a	a supplemental priority data ry United States provisional	sheet PTO/SB/I	728 attached he	reto:		
I hereby claim the benefit	under 35 U.S.C. 119(e) of ar	a supplemental priority data by United States provisional by (MW/DD/YYYY)	вресвиине) -				
Additional foreign applic i hereby claim the benefit Application Numbe	under 35 U.S.C. 119(e) of ar	W United States provisional	Additi	onal provision	al application		
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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Individual Case. Any comments of the Information Individual Case. In Information Individual Case. In Information Individual Case. In Information Individua

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DECLARATION — Utility or Design Patent Application

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United States of United States of Information whi	of Amer or PCT is on is m	ofit under 35 U.S los, Ested below nternational appl sterial to patent I international (E	end, inc lication in ability as	ofer us the us the manner po defined in 37	bject mette rovided by t CFR 1.56 v	r of ea he limi	och of the December	ctairms of the	ris application C. 112. I solore	is not disclose inviedae the du	d in the prior ty to disclose
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Name of Sol	e or F	irst Invento	r:				l petition	has been	filed for this u	insigned inve	intor .
Given Name (first and middle [if any]) Family Name or Sumame											
Matthew Fredrice Dawson											
inventor's Signature		Melt	wh	ruson						Date	9/2/03
Residence: City Snohomish State WA			C	ountry	USA	+	Citizenship	AZU			
Post Office Address 12701 GGM Are SE											
P st Office Address											
City		Snokownish State WA ZIP			97296 Country USA						
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto											

PTO/SB/81 (02-01)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	M. DAWSON
Title	M. DAWSON OUMBELL WITH OUICK RELEASE BOLT
Group Art Unit	RELEASE BOLT
Examiner Name	
Attorney Docket Number	

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Applicant	/inventor.						
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Matthew F. Dawson							
144 116 61							
Signature Matthe Loveron Date 9/2/03							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
forms if more than one s	signature is required, see be	low*.	•				
□ *Total offorms are submitted.							